

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 4/25/01  |
| FORMALITY REVIEW          | FT       | 926    | 05-08-01 |
| RESPONSE FORMALITY REVIEW | STB      | 1091   | 2-17-01  |

ST AVAILABLE COPY

INDEX OF CLAIMS

= ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 8/10/99 |
| 2              | 8/10/99 |
| 3              | 8/10/99 |
| 4              | 8/10/99 |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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26612  
8-12-01